

Health Department, City of Baltimore.

Permit No.

A 501

Office of Registrar of Vital Statistics.

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19 - 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patrick Castello

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

20 -

Years,

3

Months,

5

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Brooklyn - Finisher
The Land

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

18 - years

Place of Death,

{ Give Street and Number. }

1527 - W - Baltimore

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Septicemia of the blood

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

June 22, 1887

{ Undertaker,

Martin Hahy

{ Place of Business,

606 Townsend St

J. J. Atwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 572 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline E. Burrier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1535 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21/87

{ Undertaker, Wm S. Fry } J. S. Groff. M. D.

Medical Attendant.

{ Place of Business, 307 W Broadway } Address, 1435 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 503

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Stansbury

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, { Give Street and Number. } No 1622 Division St.

Cause of Death, { First (Primary), Carcinoma of Stomach
Second (Immediate), Uterine hemorrhage }

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Balt. Co.

Date of Burial, June 22/87

Undertaker, Denny & Mitchell

Place of Business, 201 W. Fayette

Address, 24 W. Y. Place East

Pos: Lloyd M. Mather M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 504 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th /87

Full Name of Deceased, Elizabeth Ann Stewart
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 73 Years, _____ Months, _____ Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Co., Md.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, { Give Street and Number. } No. 1409 Ward St.

Cause of Death, { First (Primary), Second (Immediate), } Bilious Dysentery

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 21/87

{ Undertaker, Denny & Mitchell } Dr. J. A. Dierckx M. D.
Medical Attendant.

{ Place of Business, 1261 N. Fayette } Address, Cor. Columbia & Truitt Aves.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 505

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th - 1887 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Harriet A. Smith.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } St. Louis, Missouri

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 933 N. Calvert St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Hepatitis - Dyspepsia
Exhaustion

Duration of Last Sickness, Died in 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 22^d 1887

{ Undertaker, Wenmyr Mitchell } R. H. Goldsmith M. D.

Medical Attendant.

{ Place of Business, 1201 N. Fayette } Address, Harlem Ave. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 506

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helia J. Rhodes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } No 515 North Charles St

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion & Effusion }

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 23/87

{ Undertaker, Henry Mitchell } John Jones M. D.
Medical Attendant.

{ Place of Business, 1201 N. Fayette } Address, 283 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No. A-507 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not }
 { required in this line. }

Age, 21 Years, 4 Months, 16 Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give Street and }
Number. }

Cause of Death, { First (Primary),
Second (Immedi

Duration of Last Sickness, Two Months & a half

All the above information should be furnished by the Physician.

Place of Burial, *Westminster Abd.*

Date of Burial, June 22nd / 87

(Undertaker, George Schilling

Place of Business, Ashland, N. Y.

Samuel Beth M. D.
Medical Attendant.

Address, 314 N. 4th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 608 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine E. Parks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 10 Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 4 Mts.

Place of Death, { Give Street and Number. } 637 Saranau st.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, July 21

{ Undertaker, John H. Owens } F. W. Gaudner M. D. Medical Attendant.

{ Place of Business, 502 Pearl } Address, 424 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the blanks below, and to list of diseases on back of this certificate.

Health Department City of Baltimore.

Permit No. A 509 Office of Registration of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19/89
Full Name of Deceased, Geo S Riley { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Male { Cross out the word not required in this line. }
Age, 45 Years, 0 Months, 0 Days.
Color, Mulatto
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Genl Loh
Birth Place, Levy S. D. { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 243
Place of Death, 243 Walker Street { Give Street and Number. }
Cause of Death, Phthisis Pulmonalis { First (Primary), Second (Immediate), }
Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Shays Cemetery
Date of Burial, June 21 1889
{ Undertaker, Mercedes Ross } Geo S Black M. D. Medical Attendant.
{ Place of Business, 404 E. North Ave } Address, 402 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 570 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kauffman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give Street and Number. } 309 S. Washington Street

Cause of Death, { First (Primary), Second (Immediate), } Pituitary Proliferation

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 23rd 87

Undertaker, G. Brown A. K. Rutter M. D.

Place of Business, Bank & Wolf Address 483 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]